

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Healthcare Freedom Fund

ADDRESS (number and street)

PO Box 2485

Check if different
than previously
reported. (ACC)

Springfield

VA

22152

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528414

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2017

through

M M M / D D D / Y Y Y Y Y Y
06 30 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Grandy, Joe, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Grandy, Joe, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 31 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		78372.08
(b) Cash on Hand at Beginning of Reporting Period.....	78372.08	
(c) Total Receipts (from Line 19)	186250.00	186250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	264622.08	264622.08
7. Total Disbursements (from Line 31).....	237777.21	237777.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	26844.87	26844.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2017

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2017

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

250.00

250.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

250.00

250.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

186000.00

186000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

186250.00

186250.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

186250.00

186250.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

186250.00

186250.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	57777.21	57777.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	57777.21	57777.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	180000.00	180000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	237777.21	237777.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	237777.21	237777.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	186250.00	186250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	186250.00	186250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	57777.21	57777.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	57777.21	57777.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barrett, Susan, L., ,

Mailing Address 15672 Bumble Bee Lane

City
RogersState
ARZip Code
72758-9086FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : SA11AI.5765

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
/ /

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
/ /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 38

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ABBVIE POLITICAL ACTION COMMITTEE

Mailing Address 1 N. WAUKEGAN ROAD

City
NORTH CHICAGOState
ILZip Code
60064FEC ID number of contributing
federal political committee.

C C00536573

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2017

Transaction ID : SA11C.5616

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)Mailing Address 1445 NEW YORK AVENUE NW
STE 800City
WASHINGTONState
DCZip Code
20005FEC ID number of contributing
federal political committee.

C C00359539

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : SA11C.5603

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Mailing Address 401 C ST NE

City
WASHINGTONState
DCZip Code
20002FEC ID number of contributing
federal political committee.

C C00435933

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2017

Transaction ID : SA11C.5613

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

12000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 38
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

Mailing Address 655 BEACH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94109

FEC ID number of contributing
federal political committee.

C

C00196246

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2017

Transaction ID : SA11C.5605

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Mailing Address 1650 DIAGONAL ROAD

City
ALEXANDRIA

State
VA

Zip Code
22314

FEC ID number of contributing
federal political committee.

C

C00306449

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2017

Transaction ID : SA11C.5628

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Mailing Address 725 FIFTEENTH ST., NW SUITE 500

City
WASHINGTON

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

C00413955

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2017

Transaction ID : SA11C.5611

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 38

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address 9700 WEST BRYN MAWR AVE.

City
ROSEMONT

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C C00005660

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

01 / **30** / **2017**

Transaction ID : SA11C.5583

Amount of Each Receipt this Period

3000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 2400 N ST NW

City
WASHINGTON

State
DC

Zip Code
20037

FEC ID number of contributing
federal political committee.

C C00375360

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **31** / **2017**

Transaction ID : SA11C.5637

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City
RESTON

State
VA

Zip Code
20191

FEC ID number of contributing
federal political committee.

C C00343459

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / **26** / **2017**

Transaction ID : SA11C.5757

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City
RESTON

State
VA

Zip Code
20191

FEC ID number of contributing
federal political committee.

C

C00343459

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **29** / **2017**

Transaction ID : SA11C.5758

Amount of Each Receipt this Period

2500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Mailing Address 2200 LAKE BOULEVARD NE

City
ATLANTA

State
GA

Zip Code
30319

FEC ID number of contributing
federal political committee.

C

C00432823

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **13** / **2017**

Transaction ID : SA11C.5615

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC

Mailing Address 20 F ST NW, STE 1000
ATTN: SARA MORSE

City
WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C

C00382424

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **02** / **2017**

Transaction ID : SA11C.5601

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

12500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 38

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City
WASHINGTON

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **31** / **2017**

Transaction ID : SA11C.5639

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC

Mailing Address 4926 DEL RAY AVENUE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C C00423228

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **31** / **2017**

Transaction ID : SA11C.5630

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00000422

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / **15** / **2017**

Transaction ID : SA11C.5590

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 38

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1061 AMERICAN LANE

City
SCHAUMBURG

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C C00255752

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **27** / **2017**

Transaction ID : SA11C.5618

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS PAC

Mailing Address 15000 CENTRAL AVENUE SE

City
ALBUQUERQUE

State
NM

Zip Code
87123

FEC ID number of contributing
federal political committee.

C C00362327

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / **30** / **2017**

Transaction ID : SA11C.5759

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ARGENTUM'S SILVER PAC

Mailing Address 1650 KING STREET
SUITE 602

City
ALEXANDRIA

State
VA

Zip Code
22314

FEC ID number of contributing
federal political committee.

C C00338020

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / **23** / **2017**

Transaction ID : SA11C.5594

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 38

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

A. BOSTON SCIENTIFIC CORPORATION POLITICAL ACTION COMMITTEE ('BSC PAC')

Mailing Address 300 BOSTON SCIENTIFIC WAY

City
MARLBOROUGH

State
MA

Zip Code
01752

FEC ID number of contributing
federal political committee.

C C00357863

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / **21** / **2017**

Transaction ID : SA11C.5649

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B. BWX TECHNOLOGIES, INC POLITICAL ACTION COMMITTEE

Mailing Address 2016 MT. ATHOS ROAD

City
LYNCHBURG

State
VA

Zip Code
24504

FEC ID number of contributing
federal political committee.

C C00365502

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **31** / **2017**

Transaction ID : SA11C.5636

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C. CELGENE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 86 MORRIS AVENUE

City
SUMMIT

State
NJ

Zip Code
07901

FEC ID number of contributing
federal political committee.

C C00514331

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **29** / **2017**

Transaction ID : SA11C.5622

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 38
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CERNER CORPORATION PAC

Mailing Address 2800 ROCKCREEK PARKWAY

City
KANSAS CITY

State
MO

Zip Code
64117

FEC ID number of contributing
federal political committee.

C

C00410589

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2017

Transaction ID : SA11C.5609

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1350 I STREET, NW
SUITE 590

City
WASHINGTON

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

C00274944

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.5634

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVITA INC. POLITICAL ACTION COMMITTEE (DAPAC)

Mailing Address 32275 32ND AVE, S.

City
FEDERAL WAY

State
WA

Zip Code
98001

FEC ID number of contributing
federal political committee.

C

C00340943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : SA11C.5658

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

8000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DELOITTE POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 365

City
WASHINGTON

State
DC

Zip Code
20044

FEC ID number of contributing
federal political committee.

C C00211318

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **19** / **2017**

Transaction ID : SA11C.5687

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City
INDIANAPOLIS

State
IN

Zip Code
46285

FEC ID number of contributing
federal political committee.

C C00082792

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / **15** / **2017**

Transaction ID : SA11C.5656

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EYEPAC POLITICAL ACTION COMMITTEE FOR AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY

Mailing Address 4000 LEGATO ROAD, SUITE 700

City
FAIRFAX

State
VA

Zip Code
22033

FEC ID number of contributing
federal political committee.

C C00171504

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / **02** / **2017**

Transaction ID : SA11C.5653

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 38

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GLAXOSMITHKLINE LLC PAC (GSK PAC)

Mailing Address FIVE MOORE DRIVE
PO BOX 13358

City RES. TRIANGLE PARK State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 31 / 2017

Transaction ID : SA11C.5632

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. INSURED RETIREMENT INSTITUTE POLITICAL ACTION COMMITTEE (IRI PAC)

Mailing Address 1100 VERMONT AVE. NW
10TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00490474

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 06 / 2017

Transaction ID : SA11C.5586

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 17 / 2017

Transaction ID : SA11C.5645

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

11000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 38

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1301 CONCORD TERRACE

City
SUNRISEState
FLZip Code
33323FEC ID number of contributing
federal political committee.

C C00469205

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2017

Transaction ID : SA11C.5660

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)Mailing Address 601 PENNSYLVANIA AVE., NW
NORTH BUILDING, SUITE 1200City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.

C C00097485

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2017

Transaction ID : SA11C.5624

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE - AMERICAN COLLEGE OF EMERGENCY PHY

Mailing Address 1125 EXECUTIVE CIRCLE

City
IRVINGState
TXZip Code
75038FEC ID number of contributing
federal political committee.

C C00140061

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : SA11C.5587

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

11000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOVO NORDISK INC. PAC (NOVO NORDISK PAC)

Mailing Address 920 MASSACHUSETTS AVE, NW
SUITE 500

City
WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C C00424838

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / **30** / **2017**

Transaction ID : SA11C.5626

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PFIZER INC. PAC

Mailing Address 235 EAST 42ND STREET

City

NEW YORK

State

NY

Zip Code

10017

FEC ID number of contributing
federal political committee.

C C00016683

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / **02** / **2017**

Transaction ID : SA11C.5651

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PFIZER INC. PAC

Mailing Address 235 EAST 42ND STREET

City

NEW YORK

State

NY

Zip Code

10017

FEC ID number of contributing
federal political committee.

C C00016683

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **30** / **2017**

Transaction ID : SA11C.5762

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS--PAC OF AAO

Mailing Address 317 MASSACHUSETTS AVE., N.E.
1ST FLOOR

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing
federal political committee. **C** C00343137

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / **27** / **2017**

Transaction ID : SA11C.5596

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PROSPERITY ACTION INC.

Mailing Address 320 1ST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee. **C** C00377689

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / **02** / **2017**

Transaction ID : SA11C.5655

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SANOFI US SERVICES INC. EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 55 CORPORATE DRIVE

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing
federal political committee. **C** C00144345

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / **10** / **2017**

Transaction ID : SA11C.5589

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

A. SELF-INSURANCE INSTITUTE OF AMERICA, INC. PAC (SELF-INSURANCE PAC)

Mailing Address 20 F STREET NW
SUITE 700

City
WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C C00457366

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / **17** / **2017**

Transaction ID : SA11C.5592

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B. SHEET METAL AND AIR CONDITIONING CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address 4201 LAFAYETTE CENTER DRIVE

City
CHANTILLY

State
VA

Zip Code
20151

FEC ID number of contributing
federal political committee.

C C00013961

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / **05** / **2017**

Transaction ID : SA11C.5644

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C. SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Mailing Address 633 N. ST. CLAIR ST.
24TH FLOOR

City
CHICAGO

State
IL

Zip Code
60611

FEC ID number of contributing
federal political committee.

C C00381459

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / **13** / **2017**

Transaction ID : SA11C.5607

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address 20 F STREET, NW
SUITE 310 C

City
WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C C00325936

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / **27** / **2017**

Transaction ID : SA11C.5600

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS

Mailing Address 7075 VETERANS BLVD.

City

BURR RIDGE

State

IL

Zip Code

60527

FEC ID number of contributing
federal political committee.

C C00349225

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / **27** / **2017**

Transaction ID : SA11C.5598

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAKEDA PHARMACEUTICALS AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address ONE TAKEDA PARKWAY

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C C00441733

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / **20** / **2017**

Transaction ID : SA11C.5647

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TEACHERS INSURANCE ANNUITY ASSOCIATION OF AMERICA PAC (TIAA PAC)

Mailing Address 601 THIRTEENTH STREET, NW
 SUITE 700 NORTH

City
 WASHINGTON

State
 DC

Zip Code
 20005

FEC ID number of contributing
 federal political committee.

C C00431361

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **13** / **2017**

Transaction ID : SA11C.5664

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Mailing Address 409 12TH STREET, SW

City

WASHINGTON

State

DC

Zip Code

20024

FEC ID number of contributing
 federal political committee.

C C00364158

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **31** / **2017**

Transaction ID : SA11C.5641

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 N.E. ADAMS STREET

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
 federal political committee.

C C00148031

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / **05** / **2017**

Transaction ID : SA11C.5643

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 38

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City
SPRINGFIELD

State
VA

Zip Code
22152

FEC ID number of contributing
federal political committee.

C C00467431

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Transaction ID : SA11C.5621

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City
ATLANTA

State
GA

Zip Code
30328

FEC ID number of contributing
federal political committee.

C C00064766

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2017

Transaction ID : SA11C.5584

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City
ATLANTA

State
GA

Zip Code
30328

FEC ID number of contributing
federal political committee.

C C00064766

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

Transaction ID : SA11C.5662

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

5500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 38

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8TH STREET

City
BENTONVILLE

State
AR

Zip Code
72716

FEC ID number of contributing
federal political committee.

C C00093054

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / **30** / **2017**

Transaction ID : SA11C.5763

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZENECA INC. POLITICAL ACTION COMMITTEE

Mailing Address C/O ZENECA INC.

1800 CONCORD PIKE, PO BOX 15437

City

WILMINGTON

State

DE

Zip Code

19850

FEC ID number of contributing
federal political committee.

C C00279455

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **27** / **2017**

Transaction ID : SA11C.5620

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

186000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5666**

Amount of Each Disbursement this Period

3751.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Trattoria Alberto

Mailing Address 506 8th Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.5666.c**

Amount of Each Disbursement this Period

1622.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Matchbox

Mailing Address 521 8th Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	6			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.5666.**

Amount of Each Disbursement this Period

524.40

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3751.31

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Acadiana

Mailing Address 901 New York Ave NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Food/Beverage - Deposit

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			15			2016					

FEC Identification Number

C

Transaction ID : SB21B.5666.1

Amount of Each Disbursement this Period

300.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			15			2016					

FEC Identification Number

C

Transaction ID : SB21B.5666.3

Amount of Each Disbursement this Period

1304.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card PaymentCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
02			13			2017					

FEC Identification Number

C

Transaction ID : SB21B.5672

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Hermitage Hotel

Mailing Address 231 6th Ave N

City
NashvilleState
TNZip Code
37219Purpose of Disbursement
Lodging - Deposit

002

Category/
Type

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5672.4

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card PaymentCategory/
Type

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	3		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5673

Amount of Each Disbursement this Period

2318.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Agua 301

Mailing Address 301 Water Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	9		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5673.

Amount of Each Disbursement this Period

636.70

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2318.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Taylor Gourmet

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Mailing Address 1750 Pennsylvania Avenue, NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5673.4

Amount of Each Disbursement this Period

350.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5673.6

Amount of Each Disbursement this Period

1182.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card PaymentCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5676

Amount of Each Disbursement this Period

2660.51

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2660.51

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Acadiana

Mailing Address 901 New York Ave NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2				2	8					2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.5676.

Amount of Each Disbursement this Period

1513.58

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	3				1	5					2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.5676.5

Amount of Each Disbursement this Period

77.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MXDC Cocina Mexicana

Mailing Address 600 14th Street NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	3				1	6					2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.5676.

Amount of Each Disbursement this Period

856.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. BB&T

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
05		12		2017

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5683

Amount of Each Disbursement this Period

1459.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		17		2017

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

Candidate Name

003
Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5683.c

Amount of Each Disbursement this Period

1459.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5686

Amount of Each Disbursement this Period

1294.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2754.54

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Capitol Hill Club

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5686.

Amount of Each Disbursement this Period

1292.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Cardmember Services

Mailing Address PO Box 94014

City
PalatineState
ILZip Code
60094-4104Purpose of Disbursement
Credit Card PaymentCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5669

Amount of Each Disbursement this Period

2591.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joe's Seafood

Mailing Address 750 15th Street, NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5669.

Amount of Each Disbursement this Period

2591.25

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2591.25

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Concentric Office, LLC

Mailing Address PO Box 2485

City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5671**

Amount of Each Disbursement this Period

909.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Concentric Office, LLC

Mailing Address PO Box 2485

City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	9			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5680**

Amount of Each Disbursement this Period

1389.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kaegi Resources

Mailing Address 1015 Stonebridge Park Drive

City
FranklinState
TNZip Code
37069Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5670**

Amount of Each Disbursement this Period

18040.94

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20340.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Machado & Company

Mailing Address 6111 Newman Road

City
FairfaxState
VAZip Code
22030-5918Purpose of Disbursement
Fundraising (SEE MEMOS)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5665**

Amount of Each Disbursement this Period

13504.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Machado & Company

Mailing Address 6111 Newman Road

City
FairfaxState
VAZip Code
22030-5918Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.5665.c**

Amount of Each Disbursement this Period

11250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. San Carlos Hotel

Mailing Address 20 West 50th Street

City
New YorkState
NYZip Code
10022Purpose of Disbursement
Lodging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.5665.**

Amount of Each Disbursement this Period

661.06

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13504.86

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. American AirlinesMailing Address 4333 Amon Carter Boulevard
MD 567City
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Airfare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5665.1

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Ave NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Train Fare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5665.8

Amount of Each Disbursement this Period

355.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Machado & Company

Mailing Address 6111 Newman Road

City
FairfaxState
VAZip Code
22030-5918Purpose of Disbursement
Fundraising (SEE MEMOS)Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5677

Amount of Each Disbursement this Period

1616.59

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1616.59

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Acadiana

Mailing Address 901 New York Ave NW

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
Food/Beverage - Deposit

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 01 / 2017

FEC Identification Number

C

Transaction ID : SB21B.5677.1

Amount of Each Disbursement this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Boulevard
MD 567

City
Fort Worth

State
TX

Zip Code
76155

Purpose of Disbursement
Airfare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

FEC Identification Number

C

Transaction ID : SB21B.5677.1

Amount of Each Disbursement this Period

440.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Mailing Address 300 1st Street SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 01 / 2017

FEC Identification Number

C

Transaction ID : SB21B.5677.1

Amount of Each Disbursement this Period

98.15

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 38

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 12275 Price Club Plaza

City
FairfaxState
VAZip Code
22030Purpose of Disbursement
Event Supplies

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5677.4

Amount of Each Disbursement this Period

58.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Machado & Company

Mailing Address 6111 Newman Road

City
FairfaxState
VAZip Code
22030-5918Purpose of Disbursement
Fundraising ConsultingCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5684

Amount of Each Disbursement this Period

5040.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert's Western World

Mailing Address 416 B Broadway

City
NashvilleState
TNZip Code
37203Purpose of Disbursement
Facility Rental

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5679

Amount of Each Disbursement this Period

700.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5740.00

57777.21

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
2017 General Fund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	1	7		

FEC Identification Number

C C00075820**Transaction ID : SB23.5754**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
2017 Legal Fund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

C C00075820**Transaction ID : SB23.5675**

Amount of Each Disbursement this Period

60000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
2017 Building Fund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	1	7		

FEC Identification Number

C C00075820**Transaction ID : SB23.5685**

Amount of Each Disbursement this Period

50000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

125000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
2017 Building Fund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

FEC Identification Number

C C00075820**Transaction ID : SB23.5767**

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WIN IN MONTANA

Mailing Address PO BOX 26141

City
ALEXANDRIAState
VAZip Code
22313Purpose of Disbursement
2017

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2017

FEC Identification Number

C C00638858**Transaction ID : SB23.5682**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55000.00

180000.00